

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**  
 03-17-2000 90049 040 \*\*\*150.00

**DOCUMENT # P95000022070**

1. Entity Name

**JIFFI PRINT, INC.**

Principal Place of Business

**206 S. MILITARY TRAIL  
 DEERFIELD BEACH FL 33442**

Mailing Address

~~3333 APENZELL CT  
 LAS VEGAS NV 89129-6101  
 US~~

2. Principal Place of Business

3. Mailing Address

**206 S. MILITARY TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DEERFIELD BEACH, FL**

Zip

Country

Zip

**33442**

Country

**BROWARD**

4. FEI Number

**65-0566352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**RAED BAKOUNI**

Street Address (P.O. Box Number is Not Acceptable)

**206 S MILITARY TRAIL**

City

**DEERFIELD BEACH**

**FL**

Zip Code

**33442**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Raed Bakouni, Pres.*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/14/00**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
<b>DPT</b>	<b>IRIE, ROBERT S</b>	<b>9650 STANGE AVE</b>	<b>LAS VEGAS NV</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<b>DV</b>	<b>IRIE, JEAN N</b>	<b>3333 APENZELL CT</b>	<b>LAS VEGAS NV 89129</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<b>DS</b>	<b>IRIE, PAUL D</b>	<b>3333 APENZELL CT</b>	<b>LAS VEGAS NV 89129</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<b>V</b>	<b>BAKOUNI, RAED</b>	<b>108 SAN REMO BLVD</b>	<b>NORTH LAUDERDALE FL 33068</b>	<input type="checkbox"/>	<b>DPT</b>	<b>BAKOUNI, RAED</b>	<b>108 SAN REMO BLVD.</b>	<b>NORTH LAUDERDALE, FL 33068</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<b>DVS</b>	<b>BAKOUNI, TERRI R.</b>	<b>108 SAN REMO BLVD.</b>	<b>NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Raed Bakouni, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/00**

Date

Daytime Phone #

**954-427-4411**

CR2E034 (9/99)